

**State of California****Acknowledgment of Receipt & Review of NPM Statute, Implementing Regulations, Forms, Calculation Method & Reporting Responsibilities for Depositing Reserve Funds****Part 1: Tobacco Product Manufacturer's Identification**

Name: _____
 Address: _____
 Phone: _____ Fax: _____

Part 2: Brands to be Sold and Sales Year

The First Year of Sales of Cigarettes to California Consumers by the above company is: _____
 The Brand Names to be sold in California: _____
Attach a separate sheet if necessary

Part 3: Authorized Company Officers, Owners and Agents for Service of Process

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Please include an additional sheet if necessary to identify all officers, owners and agents authorized to accept service of process

Part 4: Acknowledgment of Receipt of Copy of NPM Statute, Implementing Regulations and Forms

I acknowledge receipt and review of a copy of the NPM Statute (Health and Safety Code sections 104555, 104556 and 104557), the implementing regulations (Title 11, Chapter 16 California Code of Regulations sections 999.10, 999.11, 999.12, 999.13 and 999.14) and forms (Escrow Agreement Form TOB.ea-1, Certificate of Compliance Form TOB.cc-1, Cigarette Brand Unit Sales Schedule 1 Form TOB.SCHEDULE-1).

Initials: Date:

Part 5: Acknowledgment of Deposit Calculation Method

I acknowledge that the NPM statute requires our company to deposit into escrow by April 15 next year the amounts determined according to the formula/calculation described below.

To calculate the base amount [(the rate for the sales year) times (the number of cigarettes sold that year)] for the appropriate sales year, the following are the rates per cigarette that our company sells in California:

For the sales year: *(Use the rates listed below to calculate the appropriate deposit amount)*

Years 2001 - 2002 - The rate per cigarette is	\$ 0.0136125
Years 2003 - 2006 - The rate per cigarette is	\$ 0.0167539
Years 2007 and thereafter - The rate per cigarette is	\$ 0.0188482

The rate for our first year of cigarette sales in California is _____

To Calculate the total amount to be deposited into escrow, the Inflation Adjustment according to Exhibit C* of MSA is added to the base amount.

Initials: Date:

Part 6: Acknowledgment that Copies of Inflation Adjustment Calculation and Proof of Deposit is Required

I acknowledge also that my company is required to attach a copy of our inflation adjustment calculation and our receipt or other proof of deposit from our financial institution.

Initials: Date:

Part 7: Notarized Signature

I hereby declare under penalty of perjury, all of the information contained in this affidavit is true and correct to the best of my knowledge.
This document must also be signed and dated by an authorized notary public.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date: _____ My Commission expires: _____
 Signature of Notary Public: _____ City of _____

Mail this affidavit to:

**Office of the Attorney General
 Attn: William F. Soo Hoo, Deputy Attorney General
 Tobacco Litigation and Enforcement Section
 P.O. Box 944255
 Sacramento, CA 94244-2550**

(Form TOB..AOR-1)